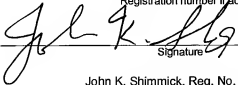


| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>  | Docket Number (Optional) 016301-050400US |                  |        |                  |  |   |       |      |        |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
|--|--|------------------|--------|------------------|--|---|-------|------|--------|---|-------|-------|----|---|--------|-------|----|--|--------|-------|----|--|--------|--------|----|
| <b>FY 2007</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>   |  |                  |        |                  |  |   |       |      |        |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| Application Number 10/618,187  | Filed July 10, 2003                      |                  |        |                  |  |   |       |      |        |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| For IN SITU SUBSTRATE HOLDER LEVELING METHOD AND APPARATUS   |  |                  |        |                  |  |   |       |      |        |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| Art Unit 1763  | Examiner Maureen Gramaglia Arancibia     |                  |        |                  |  |   |       |      |        |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 15%; text-align: center;">Fee</th> <th style="width: 15%; text-align: center;">Small Entity Fee</th> <th style="width: 30%;"></th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$120</td> <td style="text-align: center;">\$60</td> <td style="text-align: right;">\$ 120</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$450</td> <td style="text-align: center;">\$225</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1020</td> <td style="text-align: center;">\$510</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1590</td> <td style="text-align: center;">\$795</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2160</td> <td style="text-align: center;">\$1080</td> <td style="text-align: right;">\$</td> </tr> </tbody> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>20-1430</u>. I have enclosed a duplicate copy of this sheet.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br/>Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>44,335</u></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br/>Registration number if acting under 37 CFR 1.34 _____</p> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div style="width: 60%;">  <p style="text-align: center;">_____<br/>Signature</p> <p style="text-align: center;">John K. Shimmick, Reg. No. 44,335<br/>Typed or printed name</p> </div> <div style="width: 35%; text-align: center;"> <p>07/20/2007<br/>Date</p> <p>650-326-2400<br/>Telephone Number</p> </div> </div> |  |                  | Fee    | Small Entity Fee |  | <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ 120 | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ |
|  | Fee                                      | Small Entity Fee |        |                  |  |   |       |      |        |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$120                                    | \$60             | \$ 120 |                  |  |   |       |      |        |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$450                                    | \$225            | \$     |                  |  |   |       |      |        |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))  | \$1020                                   | \$510            | \$     |                  |  |   |       |      |        |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))   | \$1590                                   | \$795            | \$     |                  |  |   |       |      |        |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))   | \$2160                                   | \$1080           | \$     |                  |  |   |       |      |        |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.</p>   |  |                  |        |                  |  |   |       |      |        |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |